Date of Session: __/__/__  Primary DX: ____________________  Facility Name: ____________________

Name of Patient: ____________________  (Last)  __________  (First)  Age  

Length of Session: _______ minutes  No Session

Type of Service  Billed:  Individual Therapy:  Group Therapy:  Crisis Codes:  

Outcome Measurement:  Periodic Treatment Review  Other: ____________________

Treatment Issue/Target Symptoms/Behaviors On Current Treatment Plan addressed during session:

Symptoms Observed During Session:

- aggression (physical)
- aggression (verbal)
- agitation
- anger
- anhedonia
- anxiety/fear
- appetite disturbance
- danger to others
- danger to self
- decreased energy/fatigue
- delusions
- depressed
- distractibility
- feelings of worthlessness
- hallucinations (auditory)
- hallucinations (visual)
- hopelessness/helplessness
- hypersomnia/insomnia
- impulsivity
- irritability
- negative statements
- noncompliance (medical care)
- restlessness
- sad/pained/worried expression
- self deprecation
- socially inappropriate (specify: ________)
- social withdrawal
- suicidal ideation or plan
- thought disorder (specify: ________)
- other observed symptoms: ________

Comorbid medical condition impacting psychological status. Specify: ____________________

Therapeutic Techniques

- Cognitive Behavioral  Insight-oriented  Behavioral Modification  Supportive  Other: ________

Intervention Strategies Implemented and Session Focus or Theme: ____________________

Patient Response

- Marked Improvement  Some Improvement  Maintenance of Functioning  Symptoms Worse

Evidence of Patient Response: ____________________

________________________________________

Future Treatment/Follow-up Issues:

________________________________________

Check when applicable:  Change Treatment Plan  Change Diagnosis

________________________________________  ______________________________

Signature of Therapist/Title  Signature of Psychologist (only)

If signature appears here, signature of the Psychologist verifies direct supervision or presence in same room.